

TO: ISSUE FEE

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2777 7590 02/13/2007

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05/14/2007 HDEHES2 00000119 100750 10696691

01 FC:1501 1400.00 DA

02 FC:1501

APPLICATION NO. /JH	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,691	10/29/2003	Marc Ramer	CRD5039	5253

TITLE OF INVENTION: NECK COVERING DEVICE FOR AN ANEURYSM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/14/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOUSTON, ELIZABETH	3731	623-001150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Henry W. Collins

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cordis Neurovascular, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Miami Lakes, FL

Recordal Date: 10/29/2003

Reel/Frame: 014652/0460

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first recapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature

Carl J. Evans

Date 5/14/07

Typed or printed name

Carl J. Evans

Registration No. 33,874

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